

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31922

1 X3227

FILED OCT 7 1943

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

100

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution 210 W. South
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 35 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter B. Basham

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lake Basham
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March - 15 - 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 5
If less than one day hr. min.

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchmaker

11. Industry or business

12. Name James E. Basham
13. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Julia J. Miller
15. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Basham

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Sept. 22 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Emergency Phillips

(b) Address Warrensburg, Mo.

19. (a) Sept 23 1943 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1943 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Sept 20
1943, to Sept 20, 1943
that I last saw him alive on Sept 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 min.
Varicella disease 2 yrs
Due to Asperterium Cardis-
Varicella disease
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. John W. D. (M. D. or other)
Address Warrensburg, Mo. Date signed Sept 20, 43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

-1
2
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

R. A. Phillips

Licensed Embalmer No.

2330

P. O. Address

Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.